



APPLICANT DATA SURVEY

In order to meet the requirements as set forth in the Federal guidelines, we need your cooperation and assistance in completing this form. Participation in this survey is confidential and voluntary. Your replies to this survey will not affect your eligibility or opportunity for employment. The data will be used for reporting and personnel research purposes only. This survey will be detached from the application prior to the review of qualifications.

NAME (Last, First, Middle Initial)	TITLE OF JOB APPLYING FOR
DATE	EXAMINATION NUMBER

INSTRUCTION: Ethnic Background. Please review all categories listed below. Determine the category which you believe best represents your ethnic background. **Check one category only.**

DESCRIPTION	DESCRIPTION
<input type="checkbox"/> Black	<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Part-Hawaiian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Samoan	<input type="checkbox"/> White: Includes persons of Indo-European descent, including Pakistani and East Indian, and persons of Spanish or Latin descent (excluding Filipino and Puerto Rican).
<input type="checkbox"/> Mixed (other than Hawaiian)	<input type="checkbox"/> Others or Unknown: Includes Guamanian, South East Asian [Vietnamese, Laotian, Tai, etc.], American Indian and Alaskan Native.

Please check the appropriate box.

Sex: ☐ Male ☐ Female

Age: ☐ Under 20 ☐ 20 - 24 ☐ 25-29
☐ 30-39 ☐ 40-49 ☐ 50 & over

Area you live in:

☐ Hanalei ☐ Kilauea ☐ Kapaa
☐ Lihue ☐ Koloa ☐ Kalaheo
☐ Hanapepe ☐ Waimea ☐ Kekaha
☐ Other _____